

"Maybe stories are just data with a soul." — Brene Brown



July						
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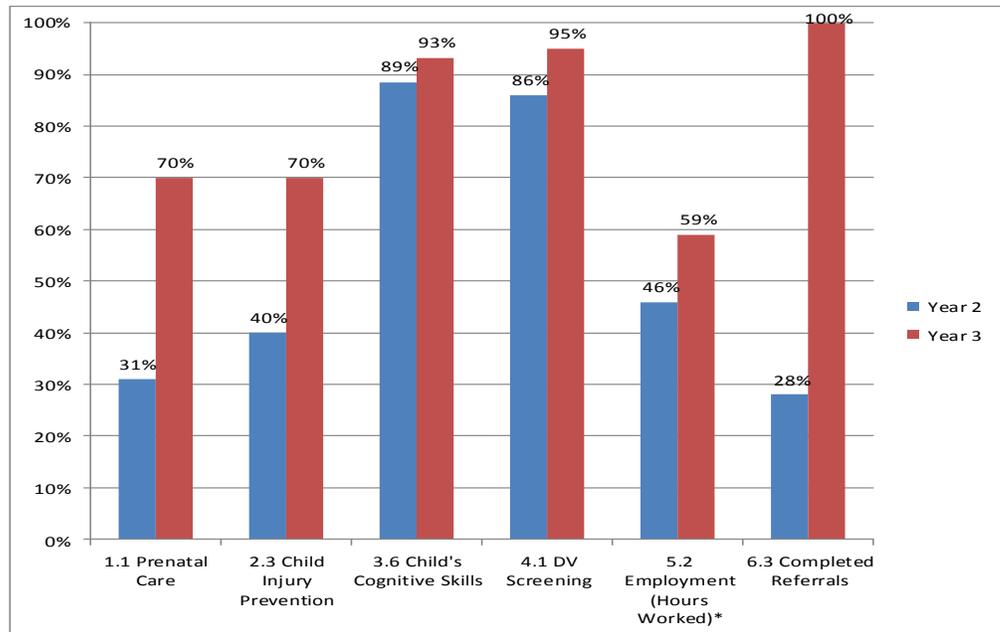
1st Level CQI
All Level 1 Teams
July 13-24, 2015

2nd Level CQI
August 27, 2015
866-630-9347
1:00 pm—2:30 pm

3rd Level CQI
September 14, 2015
1:30 pm—3:30 pm
DHSS—Wild Pine A

Year 3 Data — The Good News....

Based on data submitted to the Health Resources and Services Administration (HRSA), HRSA's report shows that Missouri showed improvement in five out of six benchmarks during Year 3 (Attachment 1). The chart below shows one construct from each benchmark that showed the most improvement from Year 2 to Year 3:



*Individual improvement, not cohort improvement



Way to go, let's keep up the great work!

CQI ROLE CHANGE!

**A NEW YEAR BEGINS IN OCTOBER
IT'S TIME TO ELECT A NEW LEADER, FACILITATOR AND SCRIBE
FOR LEVELS 1 AND 2 DURING THE 4TH QUARTER MEETINGS**

**PLEASE SEND THE UPDATED INFORMATION TO
HOLLY.OTTO@HEALTH.MO.GOV**

Year 3 Data In Review

During the May monthly calls, Year 3 data was reviewed. A contractor stated they needed clarification on the definition of breastfeeding initiation. The [Centers for Disease Control and Prevention](#) defines Breastfeeding Initiation as “Infants who have ever been breastfed or been fed breast milk”. MIECHV Year 3 data shows only forty percent (40%), or 27 out of 67 enrolled women, initiated breastfeeding. For Benchmark 1: Improved Maternal and Newborn Health, Construct 6: Breastfeeding — participants should be counted as having breastfed if they attempted breastfeeding for any period of time (even once) or if they fed expressed breast milk to the infant. If a mother attempts breastfeeding in the hospital, the home visitor should mark “yes” for initiation of breastfeeding on the Age Zero form in the University of Missouri (MU) Institutional Research Electronic Data Capture (REDCap) web based system.



BREASTFEEDING
It Rocks!

The Breastfeeding Coordinator and Peer Counselors located in your local Women, Infant and Children (WIC) offices are great sources of information for pregnant moms. A listing of formal local breastfeeding coalitions located in Joplin, the St. Louis area and Butler County can be found at: www.mobreastfeeding.org/local-coalitions/.

There is also an informal breastfeeding coalition located in Dunklin County that can be accessed through the Dunklin County Health Department, Stacy Grundy, 573-888-9441, grundys@lpha.mopublic.org.

Action Alert: *Discuss the definition of breastfeeding initiation as a team. Make a point to contact your local WIC office to introduce any new staff to the Breastfeeding Coordinator and Peer Counselors.*

HOME VISITORS, YOU HAVE BEEN CHALLENGED! Year 3 MIECHV data revealed that 93% of clients 4 to 8 weeks postpartum were screened for Benchmark 1: Improved Maternal and Newborn Health, Construct 5: Screening for Maternal Depressive Symptoms. As you know, early detection and intervention for maternal depression can assist with better mother-infant interaction and attachment. Your challenge....let’s get to 100% for Year 4!

Action Alert: *Discuss the importance of screening every postpartum mom, even those enrolled during the 4-8 weeks postpartum time frame, with the Edinburgh Postnatal Depression Scale. What are the barriers to screening every mom? Supervisors need to check REDCap regularly to be sure all depression screenings are completed.*

Domestic Violence Screenings

The consultant for domestic violence, Dr. Linda Bullock, was contacted to provide clarification on how to score the Domestic Violence Enhanced Visitation (DOVE): Abuse Assessment Screen (AAS). Nurses/home visitors/parent educators should **only** count a participant as having a positive screen if they answer “yes” to questions 2, 3, 4, or 5. Answering “yes” to question 1 alone is not considered a positive screen; however, if the participant is still having unresolved issues with the past abuse, a mental health referral should be made. A safety plan should be created/discussed with clients who screen positive for domestic violence. The client should also be offered a referral to domestic violence services.

When using the DOVE: AAS tool and the DOVE: Women’s Experience with Battering (WEB) Scale to screen a male parent/guardian, home visitors will need to modify the questions to be appropriate for a male caregiver. If a positive screen is found, the home visitor will need to discuss/create a safety plan with the male parent/guardian and resources will need to be offered.

Action Alert: *Discuss the revised DOVE: AAS tool with staff and replace Appendix 8 in the REDCap Manual with the updated DOVE: AAS tool. Also, work as a team to modify the DOVE: AAS tool and WEB Scale to assess a male caregiver for domestic violence and discuss what resources you have in your community for male victims of domestic violence.*

Awareness

July is...

Ultraviolet Safety Month

Sun, fun and spending time with family is what the summer season is all about. However, during this season of leisure and warm weather we need to consider the hidden danger that has the potential to quickly end the fun—sun damage. To best protect against the development of skin cancer, [The Skin Cancer Foundation](#) recommends the daily use of a sunscreen having a Sun Protection Factor (SPF) of 15 or higher. For babies 6 months or older, a sunscreen having an SPF of at least 30 is recommended by the American Academy of Dermatology. The American Academy of Pediatrics, the Food and Drug Administration and the American Cancer Society advise keeping babies younger than 6 months of age out of direct sunlight. Protecting ourselves and our families from the danger of too much sun exposure is essential in guaranteeing a happy, healthy summer.

August is...

National Immunization Awareness Month

August is National Immunization Awareness Month! Getting vaccinated is an easy way to stay healthy all year round. During the month of August, take the time to make sure that you and your loved ones have received all the vaccinations you need. By making sure your vaccinations are up to date, you can help prevent harmful diseases from affecting you and your family. For more information, visit: health.mo.gov/immunizations.

Missouri Breastfeeding Month and World Breastfeeding Week (August 1-7) The theme is **BREASTFEEDING AND WORK, LET'S MAKE IT WORK!** The Missouri Department of Health and Senior Services and the Missouri Breastfeeding Coalition have developed Action Ideas for World Breastfeeding Week and Missouri Breastfeeding Month. These Action Ideas can be reviewed in Attachment 2. Download additional informational materials at the World Breastfeeding Week website: worldbreastfeedingweek.org/.

September is...

National Sickle Cell Awareness Month

The Missouri Sickle Cell Anemia Program (MSCAP) provides information to the public and health professionals about sickle cell anemia and the sickle cell trait. The MSCAP program also promotes and provides screening, referral, counseling and follow-up services for Missouri citizens at risk for sickle cell disease. For more information visit: <http://health.mo.gov/living/families/genetics/sicklecell/index.php>.

September 29th is World Heart Day and the focus is on creating heart-healthy environments. By ensuring that people are able to make heart-healthy choices wherever they live, work and play, World Heart Day encourages us all to reduce our cardiovascular risk, and promotes a heart-healthy planet for those around us. For more information visit: www.world-heart-federation.org/.

Success Stories...Reasons to Celebrate!

Building Blocks/ Nurse-Family Partnership of Southeast Region

- A client is graduating from Licensed Practical Nurse (LPN) classes next month and next June will be starting in the LPN to Registered Nurse (RN) bridge program. She has already completed 2 years of classes at Southeast Missouri University.
- A pregnant mom, due next month, has passed the Certified Nursing Assistant (CNA) certification, graduated High School and moved into her own place!
- A client started at Trend Setters cosmetology school this month.
- A 16-year-old client, who was involved with the Division of Youth Services, has completed her General Education Development (GED), has a full-time job and has asked for information on how to quit smoking.
- A client recently received her GED and CNA all in the same week! She has plans to attend school this fall to obtain her LPN license.
- A client, who was a high school drop-out with no intention of returning to school, has enrolled to take summer classes which will allow her to start her senior year this fall.
- A client who has a 6-month-old is working full-time and going to college.
- Two MIECHV nurses are also returning to school for their Bachelor's degrees!

Success Stories...Reasons to Celebrate! (continued)

South Central Missouri Community Action Agency

- An enrolled family has a history with the Children's Division and had their children removed from the household early in their participation in our program. Through the home visitor's continued work with the family during their supervised visitation, the family was able to meet all Children's Division requirements and have their children back!
- A family enrolled in our program has come a very long way. Dad has struggled to find steady employment due to a prior conviction and mom has become frustrated having to take care of the household finances on her own. After helping dad fill out applications and develop a resume, he was able to find a temporary position at a local hardware store. Over time, this temporary position has turned into a full-time job with benefits! Dad is so proud to have his first full-time job and mom no longer feels the weight of all the financial responsibilities.

Economic Security Corporation of Southwest Area

- A husband and wife served by our MIECHV Home Visiting Program have smoked for more than fifteen years. They were aware of the effects of smoking but had not made a plan to quit. After talking about the effects of second and third hand smoking as well as looking at pictures and studies of the harmful effects on children, they made a plan, stuck to it and have successfully been non-smokers for over three months.

Resources

Missouri's Newborn Screening Program Celebrates 50 Years

July 15 marks the 50th anniversary of Missouri's Newborn Screening. Approximately 78,000 Missouri newborns are screened each year for over 70 metabolic and genetic disorders. Newborn screening is one of the most successful public health prevention and intervention endeavors since the small pox and polio vaccination programs.

Newborn screening (NBS) is the most efficient and successful way to provide early detection for many rare but treatable disorders that need to be caught quickly after birth. In 1960, Robert Guthrie, Ph.D., developed a blood test that could determine whether newborns had the metabolic disorder for Phenylketonuria (PKU). People with PKU lack an enzyme needed to process the amino acid phenylalanine. Phenylalanine is found in many protein-rich foods and some sweeteners and can build up in the blood and tissues of a baby with PKU, resulting in brain damage. This can be prevented if a baby with PKU is quickly put on a special diet.

The screening of mass populations for treatable genetic diseases began in 1963 when the State of Massachusetts passed a law to screen all babies born in their state for PKU. Later that same year, the states of Delaware and Oregon also passed legislation to begin statewide NBS. Each year after that, other states began passing newborn screening laws with Missouri passing its NBS law in 1965. Now, every state in the United States has NBS legislation and screens for more than 25 disorders.

For more information on newborn screening go to:

<http://health.mo.gov/living/families/genetics/newbornscreening/index.php>.

Final Notes and Reminders

For Level One Teams, remember to submit your detailed activity log and meeting minutes to Barb Gleason at bgleason@sehealth.org and Holly Otto at Holly.Otto@health.mo.gov by August 14, 2015.

For the Level Two Team, please submit your detailed activity log and meeting minutes to Holly Otto at Holly.Otto@health.mo.gov by September 1, 2015.

“This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number X02MC27405—Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program in the amount of \$2,001,926 with 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”